Supplementary Material 2. Adverse events questionnaire

• Please read the following statements and circle the number that best represents your level of agreement

No.	Item	Strongly disagree				Strongly agree
1	Did you experience shortness of breath during the respiratory training?	1	2	3	4	5
2	Did you experience nausea or dizziness during the respiratory training?	1	2	3	4	5
3	Did you experience other respiratory symptoms (e.g., cough, phlegm, etc.) during the respiratory training?	1	2	3	4	5
4	Did you feel fatigue after the respiratory training?	1	2	3	4	5
5	Did your existing respiratory symptoms (cough, phlegm, difficulty breathing, etc.) worsen after the respiratory training?	1	2	3	4	5
6	Did you experience any severe adverse events that required a hospital visit during or after the respiratory training?	1	2	3	4	5
				Total score: _____		

* If you experienced any discomfort during the respiratory training, please describe the reasons below:

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